Name in Full William Crouch

Certificate of Death Pauper

Died at Town Almshouse County Cecil MARYLAND

Date 1898 Month Nov Day 15 | Age Y. M. D. Abou 50 | Native of Cecil | Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of Never Married

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Heart 57 How long sick Any hour

Immediate

~~Accident, Suicide, Homicide~~

Reported by B Hearn Capt

Address North East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full | Certificate of Death

Anna M. Grason,

Died at Town Nottingham County Cecil MARYLAND

Date 189 8 Month Nov. Day 29 | Age Y. 58 M. D. | Native of | Occupation

Male | White | Married | Widow | Divorced

Female | Colored | ~~Single~~ | Widower | Number of children living

Husband / Wife of David Grason

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Whig. Dec. 3rd

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full John Greenfield

Certificate of Death

Died at 2 Miles from Rising Sun (Town) Cecil (County) MARYLAND

Date 1898 Month 11 Day 19 Age Y. 58. M. – D. Native of Md Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living ~~3~~ 4

Husband / Wife of Kate Greenfield 25 f

Father's Name — Mother's Name —

Cause of Death: Primary Cancer of Testicles Secondary Cancer of Omentum ~~Immediate~~

How long sick 18 Months

~~Accident, Suicide, Homicide~~

Reported by Geo S Dare M D

Address Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Ann McMinimy

Died at Rock Springs (Town) Cecil (County) MARYLAND

Date 189 Month Nov Day 18 | Age Y. 72 M. 6 D. 5 | Native of Lan. Co Pa | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of Hugh McMinimy

Father's Name — Burke | Mother's Name Soul-Knour

Cause of Death: Primary Arterio Sclerosis 5-9 | How long sick 5 or 6 years

Immediate Heart Failure | ~~Accident, Suicide, Homicide~~

Reported by Geo. W. Gillespie M. D.

Address Pleasant Grove Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full

Certificate of Death

Lewis C Martindell

Died at Town: Elora County: Cecil MARYLAND

Date 189 9 Month: Nov Day: 8 | Age Y.: 74 M.: – D.: – | Native of: [illegible] | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 4

Husband ~~Wife~~ of Elmora Sidwell

Father's Name: John H Martindell | Mother's Name: Mary Martindell

Cause of Death: Primary: apoplexy 42 | How long sick: 4 hrs

Immediate: " | ~~Accident, Suicide, Homicide~~

Reported by: J C Brown M D

Address: Port Deposit Cecil Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68988

Name in Full

Certificate of Death

Anna L. Boyer

Died ~~at~~ Town Port Deposit County Cecil MARYLAND

Date 189 8 Month Nov Day 2 | Age Y. 26 M. 11 D. | Native of Md | Occupation Lived at home on farm.

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

229

Father's Name Enoch Boyce (Deceased) | Mother's Name Emma Boyce.

Cause of Death: Primary Chronic Phthisis | How long sick about 2 years

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by H. E. Chamberlain, Md.

Address Port Deposit Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Aaron Patterson

Certificate of Death Pauper

Died at Town Almshouse County Cecil MARYLAND

Date 1898 Month Nov Day 7 Age Y. 42 M. D. Native of Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Unknown

Father's Name — Mother's Name

Cause of Death Primary Epilepsy 47 How long sick Nor known

Immediate Convulsion ~~Accident, Suicide, Homicide~~

Reported by B Heuschkeeper

Address N. Ear

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Elizabeth Simmons — Certificate of Death

Died at — Town: New Valley — County: Cecil — MARYLAND

Date 189 8 — Month: Nov. — Day: 17 — Age: Y. 73 M. 4 D. 3 — Native of: Md. — Occupation: Stonecutter

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 5

Husband / Wife of: Samuel Simmons 26

Father's Name: Not known — Mother's Name: Not known

Cause of Death — Primary: Acute Articular Rheumatism — How long sick: 13 weeks

Immediate: Acute Endocarditis — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: E.S. Rowland

Address: Liberty Grove. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Sarah E. S Parks

Died at Town Elkton County Cecil MARYLAND

Date 189 Month Nov Day 1 Age Y. 10 M. 2 D. 5 Native of Md Occupation School Girl

~~Male~~ Female White ~~Colored~~ Single ~~Married~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Geo. W. S Parks Mother's Name Ann R. S Parks

Cause of Death { Primary Typhoid fever 1 How long sick 12 days

Immediate Peritonitis & Cardiac Weakness Accident, Suicide, Homicide

Reported by Jno. W. Cooper Jr. M. D.

Address Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: William J. Tibbitt

Certificate of Death

Died at — Town: Iron Hill — County: Cecil — MARYLAND

Date 189~~8~~ — Month: Nov. — Day: 26 — Age: Y. 54 M. D. — Native of: Md — Occupation: Laborer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: 6

Husband / Wife of: Mary V. Wythe

Father's Name: Samuel Tibbitt — Mother's Name: Sarah Moore

Cause of Death — Primary: Struck by Pennsylvania — Immediate: Railroad Locomotive + instantly killed

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by: Wm P. Dean ~~[illegible]~~ Corner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Lewis R. Todd

Certificate of Death

Died at Man Town Cokesbury County Cecil MARYLAND

Date 1898 Month Nov Day 8 Age Y. 46 M. ~~6~~ D. 8 Native of Ind Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband / Wife of Margaret Abrahams 229

Father's Name Robert H. Todd Mother's Name Elizabeth Reynold

Cause of Death: Primary Chronic Phthisis — How long sick about 1½ year

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by H E Clemson Mde.

Address Port Deposit Cecil Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Marion Vansant

Certificate of Death

Died at Near Town Cherry Hill County Cecil MARYLAND

Date 1898 Month Nov Day 18 Age Y. 5 M. D. Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ Married Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

Husband of Wife

Father's Name Marion Vansant Mother's Name Annie Flounders

Cause of Death Primary Marasmus 82 How long sick 3 months

Immediate Accident, Suicide, Homicide

Reported by J S Whitaker

Address Cherry Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Samuel Washington — Certificate of Death

Pauper

Died at Town Almshouse County Cecil MARYLAND

Date 189 8 Month Nov Day 6 Age Y. 40 M. D. Native of Maryland Occupation Farmer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living none

Husband of Wife

Father's Name Unknown Mother's Name

229

Cause of Death { Primary Consumption How long sick one year

Immediate

~~Accident, Suicide, Homicide~~

Reported by Superintendent

Address N. Ein

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full

Certificate of Death

Charles Frederick Wentz

Died at Town Port Deposit County Cecil MARYLAND

Date 1898 Month Nov Day 17 | Age Y. 83 M. 3 D. 1 | Native of Md | Occupation Tinner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife Benjamin C. Hohn 141

Father's Name John Wentz Mother's Name Eva Lee

Cause of Death: Primary as far as I know | How long sick 7 weeks

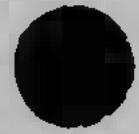
Immediate Old age. Would not take nourishment ~~Accident, Suicide, Homicide~~

Reported by H. E. Clymon M.D.

Address Port Deposit Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Charles W. Wilson

Certificate of Death

Died at Town: Rising Sun County: Cecil MARYLAND

Date 1898 Month/Day: 11. 13 Age: Y. 62 M. D. Native of: Penna. Occupation: Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living: Six

Husband / Wife of: Elizabeth Wilson

Father's Name: John Wilson Mother's Name: 1556

Cause of Death — Primary: Paralysis of Heart — How long sick: 5 Minuts

Immediate: Yes

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Chas. T. Dare M.D.

Address: Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66166